

Mr & Mrs J H Macey

The Wedge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 22 March 2016 and found the registered provider was not compliant with Regulation 11 (need for consent), Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection the registered provider sent us an action plan stating they would be compliant with all the required regulations by 11 May 2016.

We undertook this unannounced comprehensive inspection on the 30 March 2017 to check the registered provider had met all the legal requirements. We found they had taken action and were now compliant with these regulations.

The Wedge Residential Home is registered to provide accommodation and personal care for up to 21 older people. Accommodation is arranged over two floors with lift and stair lift access to the second floor. At the time of our inspection 20 people lived at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

Risks associated with people's care were identified. Staff had a very good understanding of these risks and how to ensure the safety and welfare of people. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences, in an environment which provided a calm and relaxing dining experience for them.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People and their relatives met with staff to discuss the planning of their care, any concerns they may

have and developments in the service provided at the home.

Care plans in place reflected people's identified needs and the associated risks.

Staff were caring and compassionate and knew people in the home well. External health and social care professionals spoke highly of the care and support people received at the home.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The registered manager was visible in the service and available to provide support and guidance for people, staff and their relatives.

A robust system of audits was in place at the home to ensure the safety and welfare of people and actions from these were completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Safeguarding policies and procedures were in place and staff had a good understanding of how to keep people safe.

Risk assessments in place supported staff to identify and mitigate the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were administered, stored and managed in a safe and effective manner.

Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People enjoyed a good dining experience at mealtimes and were provided with nutritious meals in line with their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

Arrangements were in place to ensure people were involved in planning their care and their views were listened too

Is the service responsive?

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

A range of activities were in place to provide stimulation for people. People were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Good ●

Is the service well-led?

The service was well led.

The registered manager provided strong and effective leadership whilst encouraging staff to develop in the service.

A new system of computerised care record keeping was embedded in the home.

Robust audits and systems were in place to ensure the safety and welfare of people in the home. These audits had identified areas of improvement within the service which were then addressed.

Good ●

The Wedge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector completed this unannounced inspection on 30 March 2017. Before the inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. On 8 March 2017, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR for this home.

We spoke with seven people and observed care and support being delivered by staff and their interactions with people in all areas of the home including communal lounges, the dining area and in people's individual rooms. We spoke with three relatives and five members of staff including; the registered manager, the deputy manager, a senior carer, a carer and the cook. We received feedback from four groups of health and social care professionals who supported people who lived in the home.

We looked at care plans and associated records for four people and sampled a further two. We reviewed 15 medicine administration records and looked a range of records relating to the management of the service including; records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

Is the service safe?

Our findings

People felt safe in the home and said staff knew them well. One person told us, "This is my dream place to live. I feel very safe, happy and very well looked after." Another said, "I am safe here, the girls [staff] know me well and really look after me." Relatives felt their loved ones were safe. One told us, "This is the best home ever. My [relative] is safe and very happy here, I would never want [relative] to move." Health and social care professionals said staff knew people very well and there were sufficient staff to meet people's needs.

At our inspection in March 2016 we found the registered provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found medicines were stored and managed safely and the registered provider was compliant with this regulation.

Medicines were administered by staff who had received training and had competencies to support this. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). Medicine administration care plans provided clear information for staff on how people liked to take their medicines and what to do if a person refused their medicines. For medicines which were prescribed as required (PRN) we saw staff recorded these medicines in line with their protocols.

A system of audit was in place to monitor the administration, storage and disposal of medicines. There was adequate storage facilities in the home for medicines which must be stored securely in line with the Misuse of Drugs (Safe Custody) Regulations 1973 and these medicines were audited weekly. The registered manager completed a monthly audit of all medicines and any actions which were required from these were completed promptly.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. All staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked with the local authority to address safeguarding concerns which had been raised in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for people. Two references were sought before people commenced work at the home. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient numbers of staff available to meet the needs of people. There was a well-established group of staff working at the home and the turnover of staff was very low. Staff rotas showed there was

consistent number of care staff available each day to meet the needs of people. The registered manager told us they did not employ the use of external agency staff as their staff group were always available to cover any staff absence.

People and their relatives told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. One person said, "The staff are all great and there are plenty of them. They are always there to help me if I need them." Another told us, "In the daytime there are always staff around to help and at night they come to me very quickly when I call."

The risks associated with people's health and care needs had been assessed and informed plans of care to ensure the safety of people. The risks associated with lack of good nutrition, falls and skin integrity had been assessed for people and plans of care in place showed how to minimise these risks. For people who required equipment to support them to transfer or mobilise, care plans and risk assessments in place clearly identified how staff should support people to mitigate the risks associated with their reduced mobility. For people who required the use of bed rails when they were in bed the risks associated with this equipment had been identified, care plans reflected the steps staff should take to mitigate these risks and how to support the person. For people who lived with specific health conditions such as diabetes information about these conditions and the risks associated with them was available for staff and fully informed their care plans.

Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people maintain their independence whilst ensuring their safety and welfare. For example, for one person who wished to administer some of their own medicines staff had assessed this risk and supported the person to remain independent with these medicines.

Is the service effective?

Our findings

People felt able to make decisions about their care and were supported to remain independent by staff who had a good understanding of their needs. One person said, "We choose to live our daily lives as we want to. The staff give us lots of choice but we make the decisions about what we do." Another told us, "I really want to stay independent but I get muddled and the staff are very patient with me, they help me choose things." Relatives said staff were very patient and allowed people time to make decisions and this reassured them their loved ones' needs were being met in line with their wishes. Health and social care professionals felt staff understood people's needs very well and offered them choice and support whilst maintaining their independence.

At our inspection in March 2016 we found the registered provider had failed to ensure consent for the care and treatment people received was obtained from an appropriate person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken action and was compliant with this regulation.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Records gave clear information on who was involved with people to support them in making decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For a three people who lived at the home an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted. These applications were yet to be considered, however the home had taken steps to ensure people were not deprived of their liberty unlawfully. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

A clear program of induction, supervision and training was in place for all staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff told us they were able to access any training to expand their skills and knowledge to meet their own needs as well as those of the people who lived in the home.

Training records were held electronically by the registered manager and these showed staff had access to a

wide range of training which included: moving and handling, fire training, safeguarding, mental capacity and deprivation of liberty and health and safety. All staff had been encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

People told us the food was very good and they enjoyed a variety of foods in line with their preferences. One person said, "I am a bit fussy and know what I do and don't like, but they [staff] never grumble there is always something nice for me. Top class." Another said, "The food is excellent, the variety is really good and I really enjoy lunchtimes."

People enjoyed a good dining experience at mealtimes in the home. The dining area of the home was a quiet, clean and calm environment. Food was well presented and people interacted well with each other at their table with most people able to manage their meals independently. Some people required the use of adapted cutlery and crockery to support their independence and this was provided. For those who required assistance with their meal staff were attentive to their needs and supported them in a calm and efficient way. For people who chose to have meals in their room these were well presented and staff provided appropriate support or ensured people had all they required to remain independent with their meal.

Care plans identified specific dietary needs and the cook had records of these. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. They had information about the type of diet people required, any allergies they may have and their likes and dislikes. All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs. Staff described how they supported people with nutrition and hydration needs including those whose nutritional intake required monitoring as they had lost weight and required additional supplements with their food.

Records showed health and social care professionals visited the service as and when requested by staff. Care records held feedback from GP's, speech and language therapists and community nursing staff and we saw actions had been taken to incorporate instructions from health and social care professionals into people's care plans. For example for one person who lived with diabetes we saw community nursing staff had advised on their care and staff were supporting these actions. Health and social care professionals spoke highly of the home and staff. They told us staff had a very good understanding of people's needs and called them when they were required but not unnecessarily. They said staff were very responsive to any information they provided and worked well with them to ensure the safety and welfare of people.

Is the service caring?

Our findings

People were happy in the home and spoke highly of staff who were kind and caring. Staff respected people's wishes and listened to them. One person said, "The staff are all so lovely, you could not ask for a kinder bunch." Another said, "The staff are very caring and look out for me all the time." A third person said, "I never wanted to be in a home, but what's not to like here. The staff are amazing and are so kind and considerate to everything I ask. What more could I want." Relatives spoke of staff that, "Are very caring," and, "Always treat people with dignity and respect". Health and social care professionals said the care provided at the home was generally of a very high standard. They said staff knew people very well, had a caring approach in their interactions with people and it was clear people were well cared for in the home.

The atmosphere in the home was warm, calm and friendly. Throughout the day staff interacted with people and each other in a calm and professional manner and took their time to ensure they had responded to people in a way which was appropriate to their needs. For example, one person's health had deteriorated in the days prior to our inspection. However, they were brighter and more able to participate in their care on the day of our inspection and staff encouraged them to sit out in their room and enjoy the company of their visitors. They took time to explain to the person what they were doing and offer them choice in everything they supported them with. They demonstrated a caring and supportive approach to encourage the person's independence whilst clearly understanding their needs. The person told us, "Staff are very kind."

Another person who had declined help to manage their meal struggled to cut the food on their plate. A member of staff spoke quietly to them asking if they would like any help and then assisted them for a short time whilst allowing them to maintain their independence and dignity at the mealtime.

A communal lounge and the dining area of the home were well utilised to allow people to interact with each other and remain as independent as possible. A garden area was available for people during suitable weather and people told us how this area allowed them to enjoy fresh air particularly in the summertime. Some people chose to remain in their rooms and were able to call for staff if they required assistance. Staff respected this choice whilst ensuring people's safety and welfare.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. People were able to access their rooms when they chose to.

Formal meetings with people and their relatives took place six monthly to discuss any concerns they may have, any new developments in the home and any forthcoming events. Minutes from these meetings showed actions were taken with any points raised. For example, one person asked for an addition to the choices on the menus available and we saw this was followed up and the foods added to the menu.

We saw throughout the day around the home people spoke with staff and the registered manager about

things which were happening in the home and things they would like to do. People felt able to speak with the registered manager or any member of staff at any time and felt their views would be listened to. Relatives told us they were always able to speak with the registered manager or any member of staff about the care their loved one received at the home.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. They were encouraged to be involved in planning for their care and remain active and healthy in the home. One person told us, "My [relative] talks to the staff about my care if I need anything changed. I am very happy that I can be involved if I want to be." Two other people told us how they were involved in planning their care and a fourth told us, "Since I arrived all the staff have been very attentive in making sure my care records say what I need. I can't fault the way they have kept me involved." Relatives said they were involved in making sure their loved ones' care needs were well documented. One said, "I have every faith in the staff here, they know [relative] very well and if anything changes we can always talk about it." Health and social care professionals felt staff new people well and care was planned in line with people's needs.

At our inspection in March 2016 we found the registered provider had failed to ensure care records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken action and was compliant with this regulation.

The registered provider had been in the process of implementing a computerised system for care records at our last inspection. At this inspection we saw this system had been embedded in the home and provided clear and informative care records which identified how staff could meet people's needs.

People's needs were assessed before they came to live at the home and these assessments informed their plans of care. Records showed people and their relatives were encouraged to inform this process. People's preferences, their personal history and any specific health or care needs they may have were identified and care plans reflected these.

Staff knew people well and had a very good awareness of people's needs and preferences. Care plans gave clear information for staff on how to meet the needs of people in a person centred and individualised way. They gave staff a clear account of how people liked to be supported, what they could do independently and what activities they required assistance with. For example, for one person who lived with dementia, their care plans clearly identified how they struggled to initiate tasks which they found complex such as washing and dressing or participating in activities. Their care plans gave clear guidance for staff on the need to prompt and support the person with these activities whilst allowing them to maintain their independence and not rushing them. For another person their care plans identified that they could become distressed when they saw their reflection and that staff should take care to remove or cover mirrors in their room if this was causing distress.

There was a system in place to monitor, review and update plans of care for people each month or as people's needs changed and audits of these care plans were completed every three months. Staff had access to clear and accurate records which were organised and reflected people's needs and preferences.

An activities coordinator supported the coordination and management of activities for people in the home

and was present in the home for five afternoons per week. The registered manager told us that whilst there were occasions when an activity may take place in the morning, such as a visit from a hairdresser, people had expressed a preference to have activity sessions in the afternoon. During the morning people told us they could congregate in a communal lounge area and listen to music or chat over coffee. We saw people had access to daily newspapers and enjoyed a manicure and nail painting or music in the lounge area of the home. Afternoon sessions held a wide variety of activities such as arts and crafts, music and games. People had access to an external garden area during periods of better weather and people told us this area was very well used in the summer including an area which had been made more accessible for people in wheelchairs. The activities coordinator organised external entertainment to visit the home and the registered manager told us of a recent activity where people had enjoyed observing chicks newly hatched in the home. People told us they felt there was plenty for them to do if they chose to participate in activities and that staff encouraged them to participate in events whilst respecting their choices.

One person told us, "I really like being involved in anything to do with arts and crafts and today we are going to do some cooking." However another told us, "I really don't like to join in with others. I have always been a bit of a loner and like my own company. Perhaps when the weather is better I will get out for a walk." They told us staff respected their wishes but always let them know what activities were going on.

The registered provider's complaints policy was displayed in the home. The registered manager told us they worked closely with people to ensure concerns were addressed promptly and effectively. With a visible presence in the service, people and their relatives or visitors could speak directly with the registered manager should they wish to raise any concerns. The home had received no formal written complaints since our last inspection. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these.

Staff were encouraged to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Visitors to the home were received in a warm and friendly way and were encouraged to express any views about the service to staff. Relatives told us they were able to express their views or concerns and knew that these would be dealt with effectively.

Is the service well-led?

Our findings

People and their relatives felt the service was well led. They spoke highly of the registered manager and all the staff at the home and told us they would recommend the home to others. One person told us, "The manager is lovely, in fact all the staff are just great." Another said, "The manager runs a tight ship. She knows what she is doing." A relative told us, "The whole team of staff here are just the best. The manager is just so lovely and I would not want my [relative] to ever leave here." Health and social care professionals said the service was well led and when they visited they received a good response from all staff who knew people well.

At our inspection in March 2016 we found the registered provider had failed to ensure systems were in place to monitor the quality of medicines management and care records in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken action and was compliant with this regulation.

The registered provider had clear systems and processes in place to ensure the safety and welfare of people. Audits completed in the home included those for medicines, care records, infection control, the environment, equipment checks and fire records. We saw actions from these audits had been completed.

A system to record incidents and accidents which occurred within the home was in place and staff were aware of this. The registered manager reviewed, logged and investigated any incidents and ensured any learning from these was shared with staff. For example, for one person who liked to remain independent with their mobility had fallen due to their footwear not being on securely. This had been discussed with staff and care plans had been updated to ensure the person received support to remain independent whilst staff monitored their footwear to ensure they had been applied correctly.

People and their relatives spoke highly of the registered manager who promoted an ethos of open and transparency and good communication in the service. People and their relatives explained how the registered manager actively supported staff to ensure people received care and support which was person centred and in line with their identified needs.

Staff spoke highly of the support and guidance provided to them by the registered manager. Regular supervision, appraisals, team meetings and daily handover sessions ensured staff felt able to provide appropriate care and support in line with people's needs. Staff felt empowered to participate in training and development opportunities and recognised the importance of team working to meet the needs of people.

Health and social care professionals said the home was well led and the registered manager and all staff were very approachable.

The home requested annual feedback from people and their relatives about the quality of the service provided in the home. In November 2016 a survey had been distributed to people and their relatives and feedback from these surveys reflected good effective care was delivered at the home, although further

analysis of this feedback was to be completed. People and their relatives told us they felt able to provide feedback and request changes in the service at any time to the registered manager and their staff and this was always well responded to. For example, one person told us they had requested they change from an upstairs room to one on the ground floor to improve their independence. They said staff kept them informed when another room became available and responded to this request. Another told us they had suggested additional items to be included in the daily menus and these had been added.